

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>04/27/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>48</i>	<i>5/2/00</i>
FORMALITY REVIEW	<i>ES</i>	<i>804</i>	<i>06/20/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)..... Canceled    A ..... Appeal  
 + ..... Restricted                        O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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